



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Waste Engineering & Enforcement Division

## Certification Application for Operators of Resources Recovery Facilities

Print or type unless otherwise noted. You should retain a copy for your files.

In accordance with the Regulations of Connecticut State Agencies, Sections 22a-231-1, this application must be completed to apply for or renew certification.

### Part I: Applicant Information

1. Name of Applicant:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Phone:	Email:		
2. Certification Type: (Check One) <input type="checkbox"/> Initial <input type="checkbox"/> Renewal			
3. Resources Recovery Facility Classification: (Check One)			
<input type="checkbox"/> Class 1 - Processing capacity over 600 TPD			
<input type="checkbox"/> Class 2 - Processing capacity equal to/less than 600 TPD			
4. Operator Certification Status: (Check One) <input type="checkbox"/> Chief Operator <input type="checkbox"/> Shift Operator			
5. Other Related Certifications/Licenses Currently Held:			

### Part II: Education

1. Elementary and Secondary School (Check Highest Grade Completed):											
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
2. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No											
If Yes, please provide the following:											
Year of Graduation:											
Name of School:											
Mailing Address:											
City/Town:				State:				Zip Code:			
If No, have you obtained a High School Equivalency Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No											
Identify Source:											

**Part II: Education (continued)**

2. College:

Mailing Address:

City/Town: State: Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?  Yes  No Type:

College:

Mailing Address:

City/Town: State: Zip Code:

Dates Attended:

Major/Minor:

Degree Obtained?  Yes  No Type:

3. List Any Other Related Educational Courses:

<i>Date Taken</i>	<i>Name of Class</i>	<i>Sponsoring Organization</i>
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Check if additional sheets are attached to this page.

**Part III: Experience** (List Related Employment Only)

1. Present Employer:

Mailing Address:

City/Town: State: Zip Code:

Dates Employed: From: To:

Job Title:

Description of Facility and Your Duties:

